PATIENT AND FAMILY CENTERED ROUNDING (PFCR) Direct Observation Form

Trainee Name: Observer: Date: Rm #:

PFCR Element	Best Practices
Respectfully establishes rapport Asks permission to do PFCR Introduces self and team Warm greeting Acknowledges any family members Uses eye contact	 "Hello, Mr/Mrs X, you and I met last night, and I am back now with some other members of your family medicine team that will be caring for you in the hospital." "We will work together with you as a team during this hospitalization to give you the best care possible." Have team members go around and share name and role in the team Ask pt to introduce family members if new to the primary resident. Otherwise resident may remind team of name/ relationship to pt.
Maintains a focused and mindful presence throughout encounter ☐ Uses position in room to optimize interaction with patient ☐ Uses verbal and non-verbal empathy (during discussion or exam) ☐ Acknowledges patient's verbal or non-verbal cues	 Consider where you are standing in the room: is it easy to make eye contact with pt/family? Try to be at eye level with patient - sitting down is best. "Mr/Mrs X, I'm so sorry to hear about your sister passing. This must be a difficult time for you." When appropriate, use physical contact (such as taking the patient's hand in yours) to soothe, reassure, or provide emotional support.
Maintains efficiency using transparent thinking and respectful redirection ☐ Talks about problem priorities ☐ Talks about problem solving strategies ☐ Respectfully redirects when needed	 When needed, set an agenda: "Mr/Mrs X, I know that is very important to you. I'm going to come back in a couple hours when I have more time to talk about that more with you. For now, we will discuss the main issue that brought you into the hospital." And then make sure you (or another member of the team) do go back to discuss!
Information sharing and discussion Reviews patient's role during the presentation Speaks directly to patient, using appropriate pronouns Succinct presentation that concludes with a plan for the day Avoids the use of medical jargon (or explains it) Explains important test results	 "Now I'm going to tell the team a little about what you and I have already discussed. There will be time at the end for you and your family's input." "I'm going to review the story so our entire group understands what brought you to the hospital. Please feel free to add or correct anything as I go along." Be sure to talk directly to the patient, including changes pronouns to 2nd person (you did this, you are that, etc)
Co-creating a plan for the day that respects patient's goals and values Identifies patient's goals for the day when pre-rounding and addresses them during rounds Provides summary of expected events during day (testing, medication changes, consulting physicians who will be by, etc) Identifies and resolves any decisional differences	 "Now we are going to discuss the plan for the day." "For the team, the thing I am most concerned about right now is:" "Mr/Mrs X, I know your main goal is Here is what we are doing to address that." "The most important thing we do on rounds is make the plan for the day. While we're the experts on medicine, you're the expert on you and your family. Together we'll make better decisions."

	PFCR Element	Best Practices
Closing	Invites questions from patient and family Invites questions from nursing or other staff Reminds patient of who will be responding to their concerns throughout the day (identifies on-call/ primary resident)	 "Mr/Ms. X, we've heard a lot from me. Now tell me, what questions do you have?" "Does anyone else on the team have any concerns that we haven't addressed?" "I [or identify resident] will be back later today to check on, otherwise we will see you again tomorrow morning for rounds." Ensure nursing staff knows how to get in touch with you.
Overall leve	el of independence (PC-2, SBP-2, SBP-4,	Notes/ comments:

Directions: Track directly observed behaviors in the left column. Record important provider/patient comments and verbal/nonverbal cues in the notes section.

Scoring: Please total the number of checked boxes. Select level of independence:

- 1: Essential elements not observed (such as absent sections or fewer than 12 total checkmarks), needed significant assistance during presentation and discussion.
- 2: Most essential elements observed (most sections with at least 1 checkmark, total score of 12 or greater), but needed significant assistance during presentation or discussion
- 3: All essential elements observed (all sections with at least 1 checkmark, total score of 12 or greater) but needed some assistance during presentation or discussion
- **4**: All elements observed (all sections with at least 1 checkmark, total score of 14 or greater) with minimal assistance during presentation and discussion
- **5**: Independent (2 more checkmarks per section, more than 17 checkmarks total), minimal assistance during presentation and discussion.

If you demonstrated <u>2 or more behaviors in EACH category</u> OR a <u>total of 17</u> or more in all categories combined, then you provided care that was <u>respectful</u>, acknowledged the patient as an individual, encouraged the patient to be an <u>active participant</u> in his/her health, and focused on the patient's goals.

If you scored less than 12, or had absent sections, you may have provided care that focused on the priorities of the healthcare team, or care that was fragmented, or possibly failed to fully empower the patient in the decision-making process.